

# **Mental Health, Substance Abuse, and Co-Occurring Disorders Practice**

*National Conference on Returning Veterans and Their  
Families' Behavioral Health*

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# Defining Co-Occurring Disorders

- Individuals who have at least one mental disorder as well as an alcohol or drug use disorder.
- While these disorders may interact differently in any one person (e.g., an episode of depression may trigger a relapse into alcohol abuse, or cocaine use may exacerbate schizophrenic symptoms), at least one disorder of each type can be diagnosed independently of each other.

SAMHSA Report to Congress (2002) page 2

# Co-Occurring Disorders: Challenges

- A common cause of psychiatric relapse is substance use or abuse
- A common cause of relapse to substance use and abuse is an untreated psychiatric disorder.
- Using alcohol or drugs can cause a person to experience symptoms of mental illness, either while high or during withdrawal from alcohol or other drugs.
- Mental illnesses frequently include negative feelings that influence some people to use alcohol or other drugs, commonly in an attempt to make themselves feel better (self medication).

# The Self-Medication Hypothesis

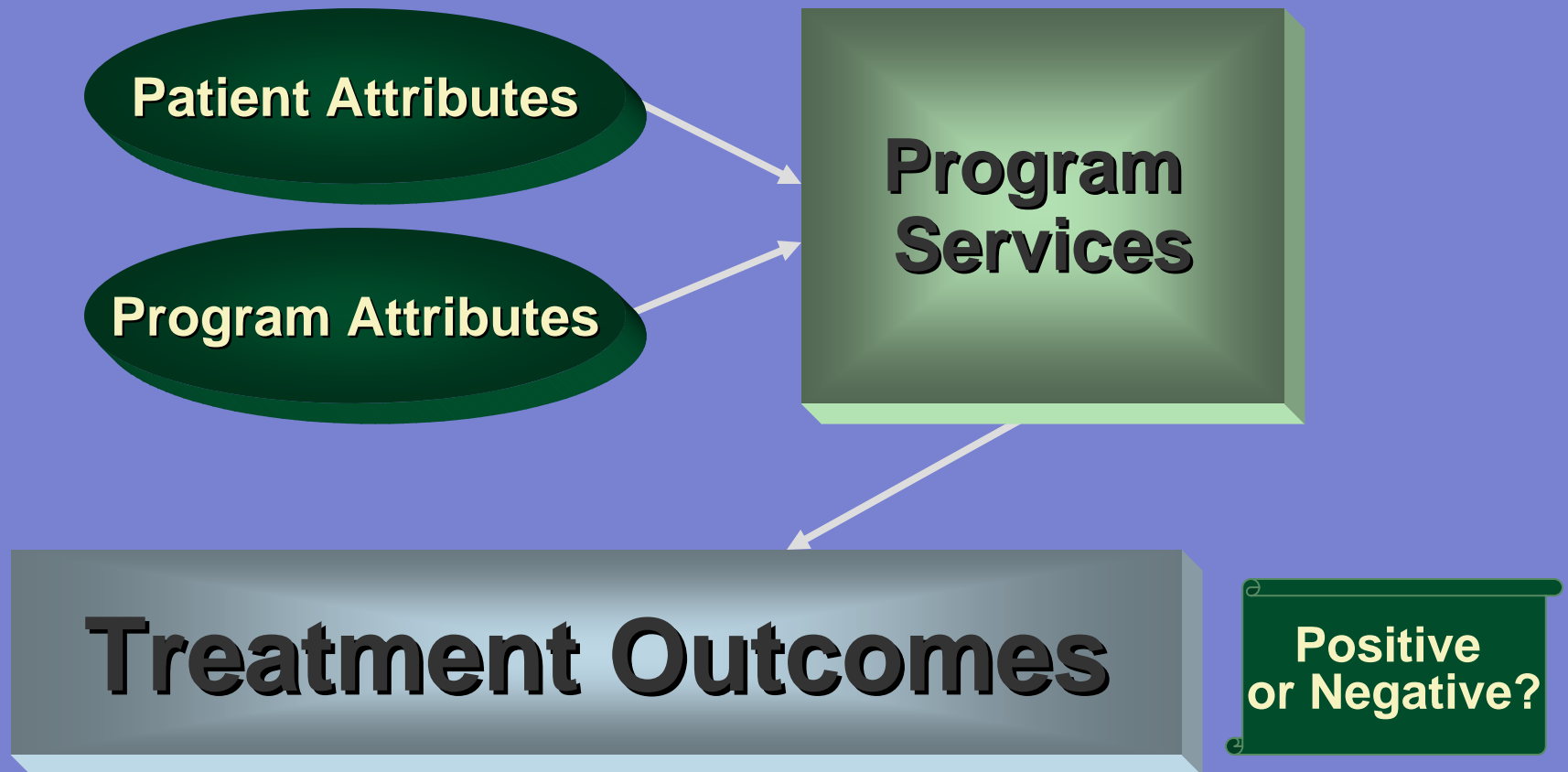
People with mental illness use substances:

- To alleviate general feelings of isolation, loneliness, boredom, and despair;
- To facilitate peer interaction/socialization;
- To create a sense of well-being, and/or escape from life experience.

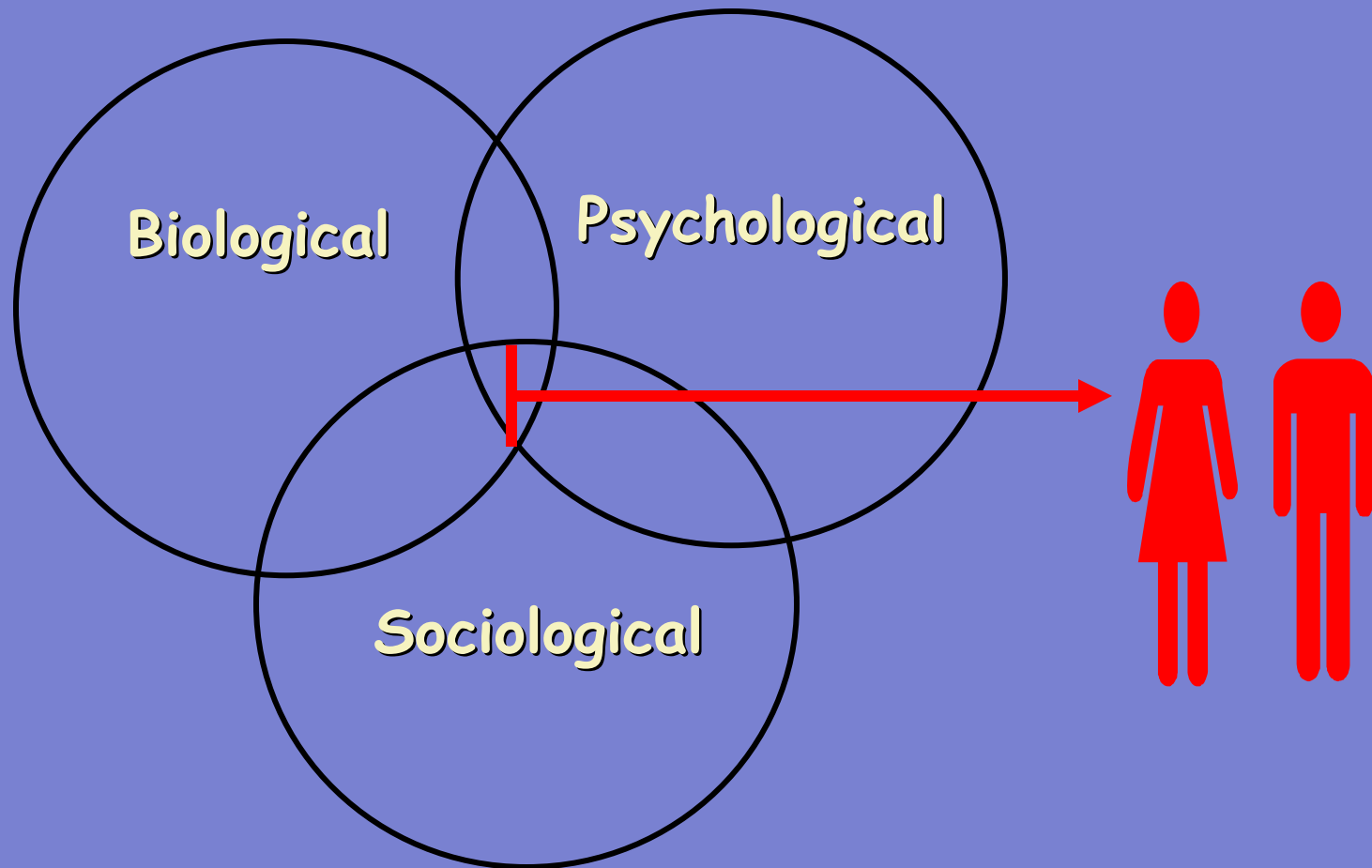
# Vulnerabilities of Persons with Serious Mental Illness for Substance Use Disorders

1. Greater extent of dysphoric feelings and sense of despair;
2. Fewer alternative, healthier coping resources;
3. Increased brain vulnerability to harmful effects of substances;
4. Mental illness may inhibit learning from an adverse drug experience.

# What is Treatment?



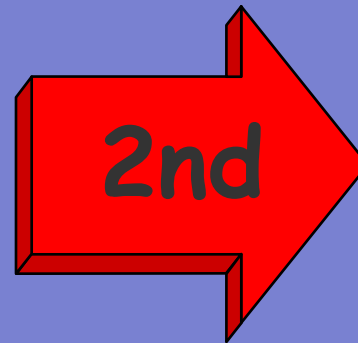
# Patient Attributes



# “Ideal” Medical Model



Identify &  
Describe  
Clinical  
Syndrome



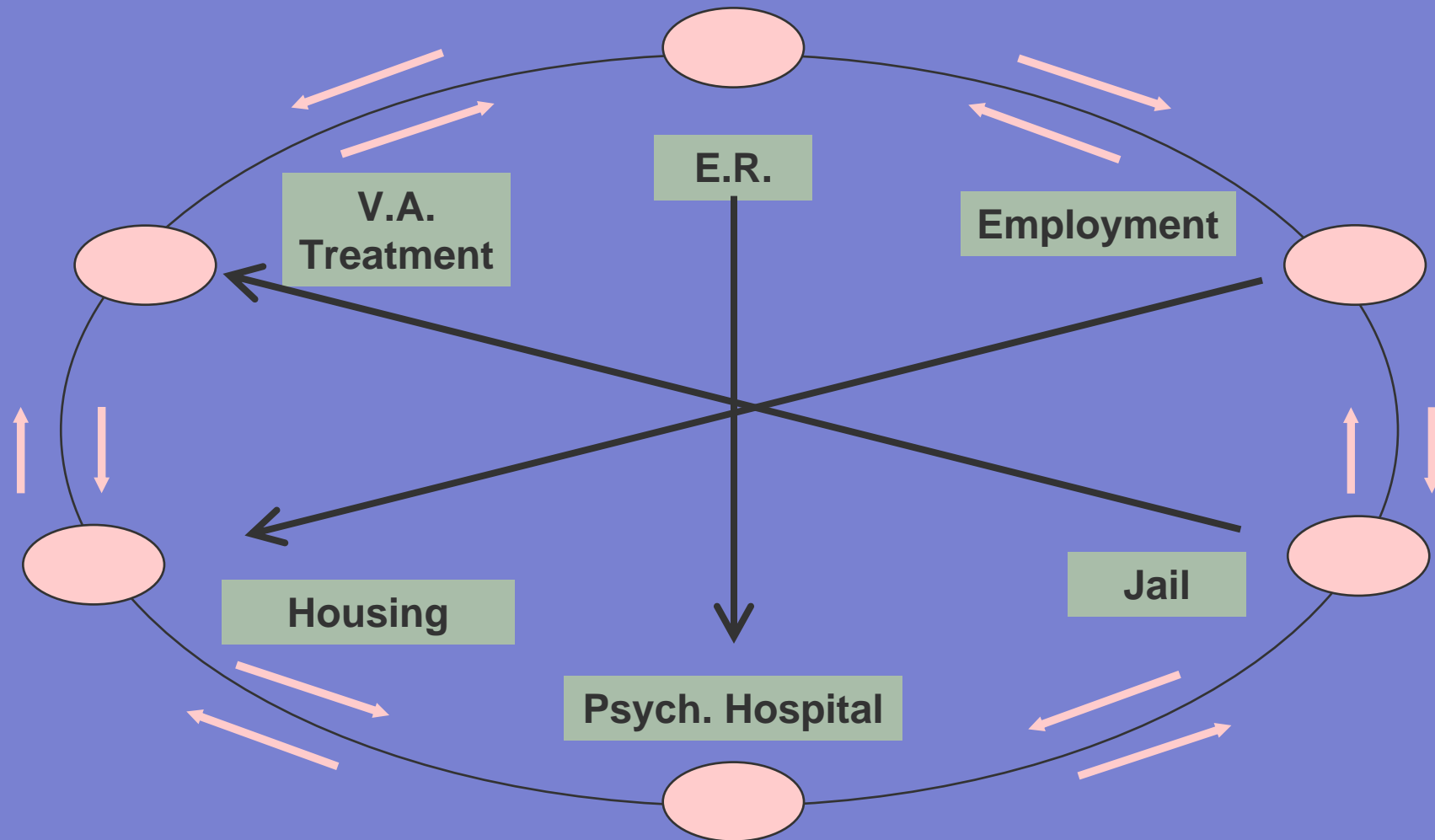
Understand  
“Cause”

then

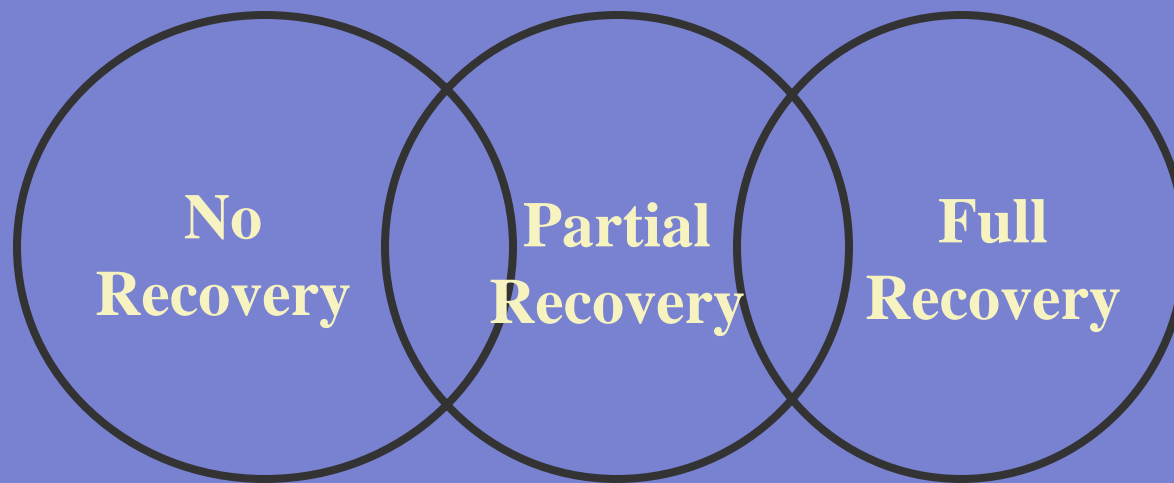
Treat



# Challenges to Service Delivery – Multiple Systems



# Challenges to COD Recovery- Unmet Needs



# Guiding Principles in Treating Individuals With Co-Occurring Disorders

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1. Empathy, respect, and belief in the individual's capacity for recovery.
2. Adopt a multi-problem viewpoint.
3. Develop an individualized approach to treatment.
4. Address both disorders as primary.
5. The contribution of the community to the course of recovery must be recognized in program policy, treatment planning, and consumer advocacy.
6. An integrated system of care must be accessible from multiple points of entry.

# Resulting in “No Wrong Door” Mainstream Integrated Services

Outreach  
& Referral



Screening &  
Assessment



Treatment



Transitional  
Care –  
Community Resources

# Leading Treatment Strategies for Co-Occurring Disorders

- Motivational Interventions
- Contingency Management
- Cognitive/Behavioral Approaches
- Intensive Case Management
- Assertive Community Treatment (ACT)
- Modified Therapeutic Communities

# Motivational Interviewing

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- **Motivational Interviewing (MI) is a “client-centered, non-directive, method for enhancing intrinsic motivation to change by exploring and resolving ambivalence”.**
- **MI has proven effective in helping clients clarify goals and make commitment to change.**
- **This approach shows so much promise that it is one of the first two psychosocial treatments being sponsored in multi-site trials in the National Institute on Drug Abuse Clinical Trials Network program.**

*Adapted from Substance Abuse Treatment for Persons With Co-Occurring Disorders TIP, 2005*

# Applying the Motivational Interviewing Approach to Clients with COD

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To date, motivational interviewing strategies have been successfully applied to the treatment of clients with COD, especially in:

- ⇒ Assessing the client's perception of the problem
- ⇒ Exploring the client's understanding of his or her clinical condition
- ⇒ Examining the client's desire for continued treatment
- ⇒ Enduring client attendance at initial sessions
- ⇒ Expanding the client's assumption of responsibility for change

*Adapted from Substance Abuse Treatment for Persons With Co-Occurring Disorders TIP, 2005*

# Contingency Management (CM)

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- Contingency Management (CM) maintains that the form or frequency of behavior can be altered through a planned and organized system of positive and negative consequences.
- CM assumes that neurobiological and environmental factors influence substance use behaviors and that the consistent application of reinforcing environmental consequences can change these behaviors.

*Adapted from Substance Abuse Treatment for Persons With Co-Occurring Disorders TIP, 2005*



# CM Techniques Implications for Individuals with COD

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Recent examples of the use of CM techniques have direct implications for people with COD:

- housing and employment contingent upon abstinence;
- managing benefits and establishing representative payeeships;
- a token economy for homeless clients with COD.

*Adapted from Substance Abuse Treatment for Persons With Co-Occurring Disorders  
TIP, 2005*

# Cognitive-Behavioral Therapeutic Techniques

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- An underlying assumption of CBT is that the client systematically and negatively distorts her view of the self, the environment, and the future.
- Therefore, a major tenet of CBT is that the person's thinking is the source of difficulty and that this distorted thinking creates behavioral problems.
- CBT approaches use cognitive and/or behavioral strategies to identify and replace irrational beliefs with rational beliefs.
- At the same time, the approach prescribes new behaviors the client practices. These approaches are educational in nature, active and problem-focused, and time-limited.

*Adapted from Substance Abuse Treatment for Persons With Co-Occurring Disorders  
TIP, 2005*

# Cognitive-Behavioral Therapy and COD

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- Distortions in thinking are generally more severe with people with COD. For example, a person with depression and an alcohol use disorder who has had a bad reaction to a particular antidepressant may claim that all antidepressant medication is bad and must be avoided at all costs.
- Likewise, individuals may use magnification and minimization to exaggerate the qualities of others, consistently presenting themselves as “losers” who are incapable of accomplishing anything. Clients with COD are, by definition, in need of better coping skills.

*Adapted from Substance Abuse Treatment for Persons With Co-Occurring Disorders TIP, 2005*

# Intensive Case Management (ICM)

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- Engaging the client in an alliance to facilitate process and connecting the client with community-based treatment programs.
- Offering practical assistance in life management and facilitating linkages with support services in the community.
- Making referrals to treatment programs and services provided by others in the community.
- Monitoring progress.
- Providing counseling and support to help the client maintain stability in the community.

*Adapted from Substance Abuse Treatment for Persons With Co-Occurring Disorders TIP, 2005*

# Treatment Principles From ICM

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- Select clients with greater psychiatric and functional disabilities who are resistant to traditional outpatient treatment approaches.
- Employ low caseload per case manager to accommodate more intensive services.
- Assist in meeting basic needs (e.g., housing).
- Facilitate access to and utilization of brokered community-based services.
- Provide long-term support, such as counseling services.
- Monitor the client's progress through services provided by others.
- Use multidisciplinary teams.

# Essential Features of ACT

1. Services provided in the community, most frequently in the client's living environment.
2. Assertive engagement with active outreach.
3. High intensity of services.
4. Small caseloads.
5. Continuous 24-hour responsibility.
6. Team approach (the full team takes responsibility for all clients on the caseload).
7. Multidisciplinary team, reflecting integration of services.
8. Close work with support systems.
9. Continuity of staffing.



**COCE**

SAMHSA's Co-Occurring Center for Excellence

*Adapted from Substance Abuse Treatment for Persons With Co-Occurring Disorders TIP, 2005*

# Treatment Principles From ACT

- Employ a multidisciplinary team with expertise in substance abuse treatment and mental health.
- Provide practical assistance in life management (e.g., housing) as well as direct treatment.
- Emphasize shared decision making with the client.
- Provide close monitoring (e.g., medication management).
- Maintain the capacity to intensify services as needed (including 24-hour on-call, multiple visits per week).
- Foster team cohesion and communication; ensure that all members of the team are familiar with all clients on the caseload.
- Use treatment strategies that are related to the client's motivation and readiness for treatment, and provide motivational enhancements as needed.

# Modified Therapeutic Community

## *Key Modifications*

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### to structure

- ✓ more flexible activities
- ✓ shorter meetings & activities
- ✓ more staff guidance
- ✓ more staff responsibility as role models

### to process

- ✓ fewer sanctions
- ✓ engagement emphasis
- ✓ individually paced progress in program
- ✓ flexible criteria for moving to next stage
- ✓ live-out re-entry (aftercare) essential

### to elements

- ✓ accent on orientation & instruction
- ✓ individualized task assignments
- ✓ engagement emphasis throughout
- ✓ activities proceed at a slower pace
- ✓ counseling to assist use of community

*Adapted from Substance Abuse Treatment for Persons With Co-Occurring Disorders TIP, 2005*



# Recommended Treatment and Services From the MTC Model

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- Treat the whole person.
- Provide a highly structured daily regimen.
- Use peers to help one another.
- Rely on a network or community for both support and healing.
- Regard all interactions as opportunities for change.
- Foster positive growth and development.
- Promote change in behavior, attitudes, values, and lifestyle.
- Teach, honor, and respect cultural values, beliefs, and differences.

# **National Resource for Co-Occurring Disorders: Co-Occurring Center for Excellence (COCE)**

## **The COCE Mission**

**Receive and transmit advances in COD**

**Guide enhancements in infrastructure and clinical capacities**

**Foster the infusion and adoption of evidence- and consensus-based practices**

# Primary COCE Target Audiences for Technology Transfer

**States** →

## **State Grantees**

- COSIG
- Policy Academy
- Other States

**Sub-State Entities** →

## **Large Provider Systems**

- Cities
- Counties
- Tribes
- Public/Private Service Delivery Organizations

# COCE Core Products and Services

- The COCE Web Site [www.coce.samhsa.gov](http://www.coce.samhsa.gov)
- Overview papers, technical reports, and other products
- Technical Assistance

Direct requests to:

Email: [samhsacoce@cdmgroup.com](mailto:samhsacoce@cdmgroup.com)

Phone: 301-951-3369

- Meetings and conferences
- Pilot evaluation of the Performance Partnership Grant (PPG) measure

## Other COD Resources

- **Co-Occurring Dialogues Discussion List:**  
Membership is free and unrestricted and can be done by sending an e-mail to [dualdx@treatment.org](mailto:dualdx@treatment.org).
- For Mental Health, Substance Abuse, COD Information see SAMHSA website at [\*\*www..samhsa.gov\*\*](http://www.samhsa.gov)